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**It's the Law?: A Proposal for a Study of Policy,
Discrimination, and Gay Men's Barriers to Parenthood
in the United States**

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Report

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**It's the Law?: A Proposal for a Study of Policy,
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Minority stress theory posits that sexual minority people are regularly subjected to elevated levels of stress that ultimately contribute to health disparities within this population. Research suggests that this theoretical framework may further be useful in understanding the experiences of gay men with respect to family planning. As state-level legislation and child welfare policies continue to pose challenges for gay men seeking to form families, especially via adoption, attention must be directed towards ways in which such barriers to parenthood impact the wellness of this population, notably through involuntary childlessness. Informed by research on gay men's parenting practices, child welfare policy, and sexual minority stress, the proposed study seeks to explore the effect of discriminatory legislation on gay men's family planning decisions. Using minority stress theory as a framework, the present study aims to evaluate how proximal stress (fear associated with government intervention in gay men's parenting status) and distal stress (perception of whether discriminatory state policies targeting gay parents exist) influence the relation between parenting desire and planned childlessness. These relations will be examined using a moderated multiple linear regression model with one predictor (parenting desire), two moderators (distal and proximal stress), and one outcome variable (planned childlessness). The proposed study has notable implications for clinical work with gay men, public policy reform, advocacy efforts, and education.

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Introduction

Minority stress theory (Meyer, 2003) suggests that sexual minority individuals (e.g., gay men, bisexual women) experience unique and pervasive interpersonal and intrapersonal stressors across various everyday contexts as a result of holding minority identities. Such stressors can be distal (e.g., discrimination or harassment) or proximal (e.g., internalized heterosexism or identity concealment) in nature and may have lasting effects on sexual minority people's lives. Indeed, myriad minority stressors have been linked to adverse wellness outcomes, such as elevated rates of substance use disorder, major and persistent depressive disorders, panic disorder, and a number of other psychiatric conditions (Kerridge et al., 2017).

Minority stress theory has often been applied to sexual minority individuals' experiences with common interpersonal interactions (e.g., connecting with peers, managing conflict with family) and across daily environments (e.g., workplace, school). However, it may also serve as a useful framework for understanding more unique experiences of select subsets of the sexual minority population, such as the challenges gay men uniquely face while pursuing fatherhood. This specific application of the minority stress theory is especially timely given the prominent rates of gay men electing to raise children, particularly via adoption and foster care. The most recently available data estimates that, of the 114,000 same-sex couples raising children in the United States, 25% of these households are headed by male same-sex couples; further, male same-sex couples report the highest rates of adopted and fostered children in their households compared to male/female and female same-sex couples (S. K. Goldberg & Conron, 2018). These figures may be at least partially explained by the legalization of same-sex adoption following the historic United States Supreme Court marriage equality decision (*Obergefell v. Hodges*, 2015; N. M. Taylor & Collins, 2018). However, despite increasingly equitable child-placement laws and

the promising interest in adoption and foster care among sexual minority men, same-sex parenting remains a contentious political issue (Prager, 2018; Rapaport, 2019; D. B. Taylor, 2019). As such, hopeful gay parents may be exposed to a number of unique stressors as they seek to build their families. Moreover, these stressors may be qualitatively different than those encountered by other sexual minority men (e.g., bisexual men) for a number of reasons and, thus, merit their own focused attention.

With respect to minority stress, gay men may experience various forms of discrimination in the realm of family planning, especially in adoption and foster care settings. These experiences may be characterized by perceived mistreatment while engaging with agency staff or encountering exclusionary, agency-specific policies that bar same-sex couples from applying to adopt children at all (Brown, Smalling, Groza, & Ryan, 2009; Downing, Richardson, Kinkler, & Goldberg, 2009). In considering experiences beyond direct interactions with agencies, additional sociopolitical factors may also lead to heightened stress by increasing fear among gay men hoping to become parents. For instance, proposed laws that seek to allow government agencies to, on the basis of religious beliefs, deny placement of adopted children with same-sex couples may elicit anxiety among gay men who have identified adoption as their option of choice for family planning (Franey, 2017; McGroarty, 2015; Wang, Geffen, & Cahill, 2016).

Unfortunately, such legislation continues to remain prevalent in the United States, as Tennessee just became the 11th state in the country to pass a law that allows adoption agencies to refuse to place children with sexual minority couples on the basis of religious objection. Even beyond legislations that may complicate adoptions, gay men who have successfully adopted children may also face elevated stress as a results of laws; for instance, such men may live in fear of the law changing unfavorably someday and their parental rights being stripped (A. E. Goldberg,

Moyer, Kinkler, & Richardson, 2012). As legislation that may threaten the pathways to parenthood for gay men is consistently being proposed and passed across the United States (Movement Advancement Project & Family Equity Council, 2019), these fears are, unfortunately, justified.

The aforementioned interpersonal hardships and systemic barriers to parenthood not only contribute directly to psychological distress but may ultimately deter gay men from forming families via adoption and foster care or from becoming fathers altogether (Downing et al., 2009; Gato, Santos, & Fontaine, 2017). The reluctance to pursue fatherhood as a result of such stress presents particularly heightened risks for gay men above and beyond the direct impact of discrimination and pervasive fear. For instance, research has found that the inability to have children despite a desire to do so has been linked to marked social isolation (e.g., Hadley & Hanley, 2011), elevated rates of depression and anxiety (e.g., Doyle & Carballo, 2014), and suicidal ideation (e.g., Dyer, Abrahams, Hoffman, & Van Der Spuy, 2002). Thus, it is crucial to understand the immediate risks related uniquely to elevated stress among prospective gay parents, as well as the long-term implications associated with these prominent stressors.

Informed by research on the growing parenting practices of gay men, sexual minority discrimination, and public policy's potential role in minority stress processes, the proposed study seeks to explore the effect of sexual-minority-specific policies and laws on gay men's family planning practices—namely with respect to the relation between one's desire and intention to have children. Considering the ever-evolving nature of sexual-minority-headed families, my study aims to explore the influential role of public policy in minority stress processes and the ways in which legislative decisions may serve to perpetuate inequitable rates of adverse wellness outcomes among gay men. This study has notable implications for policy change efforts, child

welfare, clinical work with sexual minority populations, and education surrounding the legislative processes that often impact marginalized populations in the United States.

Analysis and Interpretation

Minority Stress Theory, Shifting Social Climates, and Gay Parenthood

A prominent framework in the literature on sexual minority health and wellness, minority stress theory (Meyer, 2003) posits that members of sexual minority populations, such as gay men, lesbian women, and bisexual individuals, often experience notable distal and proximal stressors across a number of everyday settings. Distal stressors are those that often directly involve an individual's adverse experiences with external factors or influences, such as perceived mistreatment from peers or the presence of prejudiced policies in one's workplace with respect to sexual orientation. Proximal stressors, on the other hand, are characterized by one's internal processes that perpetuate or result in compounded stress in a person's life, such as internalized heterosexist views about one's sexual minority identity or expectations that one will be rejected by others in society due to their sexual orientation. The pervasiveness of such sexual-orientation-specific stressors has been linked to disproportionate health and wellness disparities among sexual minority populations compared to their heterosexual counterparts. These relations have often been supported as resulting from the excessively stressful environments in which sexual minority individuals live, work, and socialize. The most common stressors identified across such settings include stigmatization, victimization, and discrimination specifically linked to one's sexual minority status (Meyer, 2003).

While all categories of sexual minority individuals have been found to be adversely affected by identity-based stressors, a breadth of evidence particularly supports the prevalence of minority stress and related health disparities among sexual minority men. With respect to interpersonally-oriented distal stressors, many gay men have often reported instances of discrimination in public settings, experiences of threats, familial and social rejection, and verbal

and physical harassment (e.g., Bostwick, Boyd, Hughes, West, & McCabe, 2014; Institute of Medicine of the National Academies, 2011; Substance Abuse and Mental Health Services Administration, 2012). Much research has provided further evidence for the ill effects of these interpersonal stressors among sexual minority men. For example, negative interpersonal experiences have been linked to such psychological problems as general psychological distress, depression, anxiety, and suicidal ideation (e.g., Feinstein, Goldfried, & Davila, 2012; Kerridge et al., 2017; Ryan, Huebner, Díaz, & Sanchez, 2009; Substance Abuse and Mental Health Services Administration, 2012). Further, these stressors have been found to contribute to various other health concerns for sexual minority men, such as substance use and abuse (e.g., Parent, Arriaga, Gobble, & Wille, 2019; Substance Abuse and Mental Health Services Administration, 2012), sexual risk behavior (e.g., Garofalo, Mustanski, Johnson, & Emerson, 2010; Pachankis et al., 2015), and high rates of sexually transmitted infections and HIV (see Centers for Disease Control and Prevention, 2016a, 2016b; Institute of Medicine of the National Academies, 2011).

In addition to highlighting interpersonal distal stressors, many researchers have also examined the effects of systemic discrimination among sexual minority men, and particularly gay men. These broader and often more complex forms of discrimination are characterized by practices, policies, and behaviors in society and its institutions that devalue, derogate, or perpetuate social inequities among sexual minority communities. Experiences of systemic discrimination can surface as flagrant prejudice (e.g., a counseling agency includes a clause in its employment contract stating that it will not hire openly gay or lesbian individuals) or via more subtle gestures of discrimination known as microaggressions (e.g., gay parents are forced to include one of the fathers' names under the "mother's name" blank on a daycare application form, as there is only one blank for "father's name"), which may not be intended to cause

offense on the surface (Sue et al., 2007). This structurally centered form of discrimination can occur within a number of public systems, such as medical settings, schools, and workplaces. As with interpersonal discrimination, systemic discrimination targeting sexual minority populations has also been associated with a number of adverse psychosocial and health outcomes for gay men, including feelings of social exclusion, psychological distress, and avoidance of health care services (e.g., Dean, Victor, & Guidry-Grimes, 2016; A. E. Goldberg, Black, Sweeney, & Moyer, 2017; Harper & Schneider, 2003; Nadal et al., 2011).

Proximal stressors have often been researched as adverse wellness outcomes in and of themselves or as mediators with respect to experienced distal stressors and their negative outcomes. Still, evidence for the directly adverse effects of proximal stressors has also been established among gay men. The most commonly researched forms of proximal stress within this population include internalized heterosexism, expectations of rejection, and identity concealment (Meyer, 2003). Internalized heterosexism, or the adoption of negative views about one's sexual minority identity and other sexual minority people as a result of being exposed to pervasive heterosexism in society, has regularly been associated with psychological distress (e.g., Puckett, Levitt, Horne, & Hayes-Skelton, 2015), depression and anxiety (e.g., Herek, Gillis, & Cogan, 2009), and problem substance use (e.g., Hequembourg & Dearing, 2014). Further, expectations of rejection—which is also referred to as rejection sensitivity—have been consistently correlated with poor outcomes. Among gay men, such expectations stem from beliefs that one is likely to be rejected or ostracized by others due to his sexual orientation (see Pachankis, Goldfried, & Ramrattan, 2008). While this construct has frequently been examined with respect to other majority and minority populations (e.g., B. London, Downey, Bonica, & Paltin, 2007; Romero-Canyas & Downey, 2005), it has been linked to social anxiety and depression (e.g., Feinstein et

al., 2012), tobacco and alcohol use (Pachankis, Hatzenbuehler, & Starks, 2014), and impaired interpersonal functioning (Pachankis et al., 2008) in samples of gay men.

Conversely, the study of identity concealment, the last of the commonly investigated proximal stressors, has been met over the years with mixed results with respect to its relations to health and wellness concerns among gay men. While some researchers have linked sexual orientation concealment to psychological distress and depressive symptoms (e.g., Sedlovskaya et al., 2013), others have found little support for the uniform benefits of disclosing one's sexual orientation among gay men (e.g., Kuyper & Fokkema, 2011). In fact, various studies have identified the potentially deleterious nature of coming out for sexual minority men of lower socioeconomic status (see McGarrity & Huebner, 2014) and men of color (see Reed & Miller, 2016; Villicana, Delucio, & Biernat, 2016). While these findings ultimately underscore the importance of considering social factors that may differentially influence the appraisal and effects of minority stressors across various subsets of sexual minority populations, it is important to note that experiencing any stressor does not necessarily mean that one will undoubtedly suffer poor outcomes. The minority stress model also highlights the buffering effects of perceived social support and coping skills, as these factors are said to be protective against unfavorable outcomes associated with minority stressors (Meyer, 2003).

The social and political climate in the United States has arguably shifted favorably for sexual minority individuals in the last decade. For one, the notable *United States v. Windsor* (2013) Supreme Court case influentially ruled that denying married same-sex couples the same federal benefits and rights afforded to married heterosexual couples was unconstitutional. This decision was a promising harbinger of the next landmark moment in federal civil rights legislation that followed two years later: the historic *Obergefell v. Hodges* (2015) case, which

ultimately resulted in a ruling that legalized same-sex marriage across the United States. The positive effects of this legislation were particularly highlighted by a longitudinal study of 279 individuals in same-sex relationships following the marriage equality decision. Results indicated that, following the *Obergefell* ruling, participants who previously reported higher levels of internalized heterosexism, isolation, and vicarious trauma saw significant decreases in these levels of psychological distress (Ogolsky, Monk, Rice, & Oswald, 2019). Given the long-running battle for marriage equality, this study particularly highlights the ways in which unmistakably supportive gestures can ultimately provide relief for disenfranchised minority groups, bringing certain challenges to a perceived end.

The increased support for sexual minority individuals in the wake of the marriage equality decision certainly has noteworthy implications for the ways in which the minority stress framework is employed in a new social landscape. Although the fight for marriage equality is at an end for the foreseeable future, it remains that gay men particularly still face a number of stressors in society, albeit in different contexts post-*Obergefell*. This is particularly relevant with respect to same-sex parenthood, which also saw federal support when same-sex adoption was legalized across the United States in the years following the *Obergefell* decision (N. M. Taylor & Collins, 2018). For the first time in history, a law's promulgation universally introduced a federally sanctioned pathway to fatherhood to all gay men. Considered alongside the noted increase in same-sex marriages since *Obergefell* (Gates & Brown, 2015; Jones, 2017), the reality of gay men being able to build families in a manner ostensibly unimpeded by federal law finally appeared promising.

Still, even in the wake of marriage equality, concerns remain for hopeful gay parents. Stress born of continued discrimination across child welfare contexts, fear surrounding the

stability of sexual minority civil rights laws, and distrust of political and legal systems persist (Baumle & Compton, 2017; Farr & Goldberg, 2018). These postulated parenting-specific sources of stress indicate a need to better understand how both interpersonal and intrapersonal processes may uniquely affect the well-being of gay men hoping to become parents someday. Thus, minority stress theory is a promising framework through which to conceptualize the experiences of prospective gay parents in the family planning processes and the potential challenges inherent to these contexts, both of distal and proximal natures. In applying minority stress theory to this context, researchers, advocates, and legislators alike may be able to better understand when and for which gay men family planning might be particularly distressing above and beyond the inherent stressors commonly associated with parenthood, and adoption in particular (A. E. Goldberg, 2010b).

Adoption as a Pathway to Parenthood for Gay Men

It is undeniable that the recent federal legalization surrounding same-sex adoption has broadly afforded parenting opportunities to sexual minority populations more than ever before. However, parenting among gay men has always been possible to some degree, albeit with varying challenges associated with different pathways. For instance, it is common for gay men to become fathers by nature of having had children in the context of previous relationships with women (see Baumle, Compton, & Poston, 2009). The initiation of relationships with men thereafter allows for the formation of a two-father household in which one father is biologically related to the child, with second-parent adoption by the non-biological partner remaining an option to ostensibly secure legal paternal status (Baumle & Compton, 2017). While this form of biological fatherhood remains an option for sexual minority men who are not exclusively in relationships with other men (e.g., bisexual men), it may not be particularly feasible for most gay

men. Further, evidence suggests that, compared to older gay men, younger generations of gay men are increasingly more drawn to pathways of intentional fatherhood (i.e., pursuing fatherhood *after* openly identifying as gay; Patterson & Tornello, 2010; Riskind, Patterson, & Nosek, 2013).

With respect to intentional pathways to parenthood, surrogacy has been a desirable option for some sexual minority men who wish to maintain a biological relation to their children. Surrogacy options and arrangements can notably vary with respect to procedures, costs, and legal terms. Traditional surrogacy involves a surrogate who has a genetic link to the child; in this scenario, the surrogate's eggs are fertilized using one intended partner's donated sperm and she is considered the biological mother. Conversely, gestational surrogacy involves the implantation of an embryo in the surrogate that has been created via in vitro fertilization using the egg and sperm from intended parents. In this scenario, the surrogate carries and delivers, but is not genetically linked to, the child (Finkelstein, Mac Dougall, Kintominas, & Olsen, 2016). While this pathway may be appealing to hopeful gay fathers for a number of reasons, there are notable drawbacks associated with surrogacy. For one, it can be especially costly. One source estimates that, after considering agency, medical, legal, and other supportive costs, surrogacy can cost intended parents between \$60,000 and \$150,000, not including additional costs associated with unforeseen complications (Surrogate.com, n.d.). Even further, surrogacy can vary in its legal complexity depending on the state in which intended parents seek services. For instance, some states prohibit compensated surrogacy (i.e., surrogate is paid above and beyond costs associated with gestation) but allow uncompensated surrogacy (also called compassionate or altruistic surrogacy). In other states, traditional surrogacy agreements are recognized, but gestational agreements are considered void or prohibited. Individuals involved in surrogacy contracts can

even be financially penalized or receive jail time in certain states in which surrogacy contracts are considered void or banned (Center for American Progress, 2007; Finkelstein et al., 2016). As such, these legal challenges and complications can present notable stress for gay men and serve as a barrier on this pathway to fatherhood.

Given the high fees and potential stressors associated with surrogacy, adoption via the foster care system or private agencies can often be more appealing options to gay men—many of whom may even view them as a first-choice option for family planning (Jennings, Mellish, Tasker, Lamb, & Golombok, 2014). Indeed, an estimated two million sexual minority individuals have previously reported interest in creating their families via adoption and foster care processes (Gates, Badgett, Macomber, & Chambers, 2007). Recent statistics have further found that sexual minority individuals are raising 4% of adopted children and 3% of foster children in the United States (Gates et al., 2007). The increasing interest in adoption among sexual minority individuals is unsurprising, especially given that adoption is much less expensive than surrogacy. Private agency adoption in the United States is estimated to run \$20,000 to \$45,000 on average, over \$100,000 less in some regions than surrogacy; independent adoptions facilitated beyond the scope of the child welfare system can cost even less. Most notably, adoptions facilitated via the foster care system often cost parents very little, and at times nothing beyond limited nonrecurring fees, as these systems are state-funded and seek to promote the adoption of children who may otherwise be difficult to place in homes (e.g., older children, children with health problems). Moreover, many of the fees associated with adopting from foster care are often covered in part or full by state or federal financial assistance (AdoptUSKids, n.d.-b; Child Welfare Information Gateway, 2016), making it an even more attractive pathway to parenthood for gay men.

Adoption Settings and Interpersonal Discrimination

Adoption is not without its challenges for gay men, as parenting by sexual minority people remains controversial in the United States (Farr & Grotevant, 2019; Prager, 2018; Rapaport, 2019; D. B. Taylor, 2019). Dissenters often cite concerns over the safety and adjustment of children raised by sexual minority individuals. Common fears stem from beliefs that children of gay parents will be bullied more often, that children raised in same-sex households will grow up confused with respect to culturally appropriate gender roles, and that gay parents will influence a child's sexual orientation and the trajectory of their sexual development, among others (McCutcheon & Morrison, 2015; Redding, 2008; Ricketts & Achtenberg, 1989). Above and beyond these arguments, further reasons for opposing same-sex parenting practices are often centered on moral and religious grounds arguing that sexual minority individuals are inherently immoral, are unfit to be good parents, and would cause harm to children (Congressional Prayer Caucus Foundation, 2018; A. E. Goldberg, 2010a; Redding, 2008). It is worth noting that such general negative attitudes towards sexual minority individuals tend to be particularly heightened with respect to gay men. Various studies have found that heterosexual people—and especially heterosexual men—view lesbian women more positively compared to gay men (Breen & Karpinski, 2013; Herek, 2000; Keiller, 2010). This difference in evaluation has commonly been posited to result from individuals' beliefs that gay men more flagrantly transgress norms associated with gender roles and sexual identity than lesbian women. Such imbalanced gender-based attitudes surrounding sexual orientation may thus make the journey to parenthood particularly challenging for two gay men.

While negative attitudes towards gay parenthood persist across much of the United States, research has often found that such views are not necessarily based on objective evidence

that irrefutably supports the notion that gay men are unsuitable parents. Instead, negative views of same-sex parenting practices have been regularly linked to a lack of education about marriage and family (Schoephoerster & Aamlid, 2016), sexist attitudes (Pistella, Tanzilli, Ioverno, Lingiardi, & Baiocco, 2018), heterosexist assumptions about gender roles (McCutcheon & Morrison, 2015), lack of friendships with or exposure to sexual minority individuals (Chapman, Watkins, Zappia, Nicol, & Shields, 2012), and general prejudiced views of sexual minority people independent of parenting considerations (Redding, 2008). Despite the persistence of such arguments against sexual minority parenthood, research has further illustrated that children with sexual minority parents do not differ in their social, emotional, developmental, and relational functioning compared to those raised by heterosexual parents (American Psychological Association, 2005; Cody, Farr, McRoy, Ayers-Lopez, & Ledesma, 2017; Regnerus, 2012; Wainright, Russell, & Patterson, 2004).

Given the longstanding discourse surrounding sexual minority parenting, it is an unfortunate reality that adoption, foster care, and child welfare systems have often been historically unfavorable to gay men, even in the presence of equitable state-level adoption laws in the past (American Psychological Association, 2005). Despite recent findings that reveal that 63% of United States citizens support adoption by sexual minority individuals (Swift, 2014), instances of discrimination within adoption and foster care systems—a prominent distal threat—are still prevalent (see Bewkes et al., 2019). Over the years, various studies have highlighted the prevalent nature of interpersonal hostility and inequitable treatment towards sexual minority individuals in adoption and foster care settings, which range from seemingly excessive hindrances in the adoption process (Brooks & Goldberg, 2001) to outright rejection of applications following the disclosure of one's sexual minority identity (S. Brown et al., 2009).

With respect to interpersonal discrimination, one national survey reported that nearly 50% of its adoptive gay and lesbian parent participants experienced bias from at least one agency professional or birth family member during the adoption process (Brodzinsky & Donaldson, 2011). Another qualitative investigation detailing the retrospective experiences of adoptive gay and lesbian parents highlighted more subtle forms of exclusionary, heterosexist language; participants stated that social workers often referred to the hopeful “mother and father” even when talking to gay applicants (Goldberg, Moyer, Kinkler, & Richardson, 2012, p. 13). Despite the intentions of employees who make such statements, either in error or simply in passing, such comments can be experienced as demeaning and dismissive for sexual minority individuals hoping to adopt or foster children.

Independent of the arguments made for or against sexual minority adoption, the reality remains that many children will continue to go unadopted should same-sex couples be increasingly deterred from engaging with adoption services as a result of persistently encountered stigma and targeted harassment. Given that some 16,000 same-sex couples currently raise over 22,000 adopted children in the country (Gates, 2013), the possibility of losing such a significant number of prospective homes for children awaiting placement is a public health concern. There are over 100,000 children awaiting adoption at any given point in time (AdoptUSKids, n.d.-a), and sexual minority adoptive parents have regularly been found to be a boon to the child welfare system, especially with respect to children for whom finding homes is often difficult.

For such children categorized as hard-to-place, sexual minority couples have often been viewed as a vastly beneficial resource. Sexual minority parents have been found to provide particularly supportive and stable environments for older children, children with behavioral

problems, children with special needs, and children otherwise classified as high-risk by adoption and foster care agencies (Brooks & Goldberg, 2001; Lavner, Waterman, & Peplau, 2012; Leung, Erich, & Kanenberg, 2005). Further, noteworthy studies have found that sexual minority couples are more likely than heterosexual couples to adopt non-White children (e.g., Farr & Patterson, 2009; Raleigh, 2012), who presently make up the majority of children in the child welfare system (Children's Bureau, 2019). It is also crucial to mention that same-sex couples have also been found to be some of the most likely applicants to adopt Black children (Raleigh, 2012), a subset of children in the child welfare system that has long been viewed as especially hard-to-place (e.g., Avery, 2000; Barth & Berry, 2017). All evidence considered, there remains a clear need to address the interpersonal impediments plaguing sexual minority couples seeking to adopt in the United States, which may also, in turn, address the concerns surrounding the thousands of vulnerable children still awaiting placement in child welfare settings.

Parenting Policies and Systemic Discrimination

Above and beyond the interpersonal discrimination gay men may encounter while particularly pursuing parenthood via adoption is the prevalence of systemic discrimination at the local and/or state level. Gay men often encounter such systemic challenges directly in their interactions with child welfare agencies with respect to agency policies that may prohibit adoption or fostering by sexual minority persons or intentionally frustrate the adoption efforts of these populations (S. Brown et al., 2009). Even when such policies prohibiting adoption by sexual minority individuals are not in place, child welfare employees may still make individual placement decisions on behalf of agencies based simply on their own perceptions that such policies exist (Brooks & Goldberg, 2001; A. E. Goldberg, 2012). Moreover, employees may also lean on feelings related to religious conflict about sexual minority adoption, perceptions of

sexual minority individuals, and other personal factors in the absence of clear systemic guidelines (Hall, 2010; Kimberly & Moore, 2015), implementing subjective, de facto policies in crucial moments.

While such clearly biased and inequitable policies in adoption settings may appear arguably unethical at face value, recent findings have identified rather nuanced views among the general population with respect to when the denial of adoption and foster care services to sexual minority people may actually be viewed as acceptable. Consideration of the religious freedom of agency employees, the size of the organization, and the perceived level of commitment of hopeful parents appear to influence individual views on the matter (e.g., DeVault & Miller, 2019; Powell, Schnabel, & Apgar, 2017), highlighting potential areas concerns for sexual minority people that discriminatory treatment in adoption settings based on sexual orientation may ultimately be sanctioned or justified to some degree.

These concerns are unfortunately quite valid at present, given the inconsistent nature of protective states policies with respect to adoption and foster care among sexual minority people. Over the years, progressive lawmakers have sought to curb the adverse outcomes linked to prejudicial treatment of sexual minority individuals in this regard with the proposition of laws across various states that specifically protect sexual minority people from discrimination in adoption and foster care processes. However, 41 states still do not have such legalization in place with respect to foster care and 42 do not have it in place with respect to adoption (Movement Advancement Project, 2019). Furthermore, laws that seek to explicitly strip rights from or promote the inequitable treatment of sexual minority populations in child welfare settings (as well as across health care, housing, and employment settings) are still regularly being proposed across the United States (American Civil Liberties Union, 2019; Wang, Geffen, & Cahill, 2016).

At the state level, another related class of laws that may threaten pathways to and security of parenthood among gay men is religious exemption legislation, which has primarily been represented in discussions of religious liberty laws (e.g., London & Siddiqi, 2019) and legal conscience clauses (e.g., Kazyak, Woodell, Scherrer, & Finken, 2018) in the literature. Broadly speaking, religious exemption legislation allows people, businesses, and other organizational entities to refuse to provide services to or engage in business with people for any reason if doing so would burden their religious beliefs (McGroarty, 2015). In considering the role of religious exemption legislation in sexual minority family planning, these laws can particularly allow adoption and foster care agencies to deny placement of children with sexual-minority-identified individuals without fear of legal recourse (Movement Advancement Project & Family Equity Council, 2019). Given the presently favorable legal status of same-sex adoption at the federal level, religious exemption legislation currently appears to be the primary threat to hopeful sexual minority parents seeking to build their families through adoption.

Limited research has been conducted specifically on religious exemption legislation's effects on sexual minority health, but current evidence points to risks associated with its adoption. For example, a recent study of note utilized a national dataset to examine changes in reported mental distress among sexual minority individuals living in three states that implemented religious exemption laws compared to those living in six control states that did not from 2014 to 2016 (Raifman, Moscoe, Austin, Hatzenbuehler, & Galea, 2018). Results of this investigation revealed that sexual minority people living in states that introduced religious exemption legislation in 2015 ultimately reported a significant increase mental distress, though no significant differences were found among sexual minority people living in states without such laws implemented, nor among heterosexual people living in states in which the laws were

implemented. Though not specific to adoption and foster care, these findings stress the evident and unique influence of religious exemption legislation on the well-being of sexual minority individuals who live in states in which they are implemented. Further research is needed to identify how this class of legislation and other related policies viewed as discriminatory to sexual minority people uniquely influence the wellness of sexual minority parents.

It is crucial to note that religious liberty is a cornerstone of the indisputable human rights on which the United States was founded. Religious exemption legislation, in and of itself, is not meant to serve a discriminatory purpose, but rather to maintain safety around one's personal beliefs and values across environments that may not always be congruent with such qualities. However, the recent proposal and promulgation of religious exemption legislation across states has often been criticized as being inequitably invoked with respect to Protestant Christian values, often minimizing or disregarding values inherent to other religious traditions in turn (E. London & Siddiqi, 2019). Further, modern religious exemption legislation has been characterized as a means of singling out and manipulating marginalized populations (e.g., sexual minority people, interracial couples) and as a tool for calculated political divisiveness (Grey, 2014). As such, the imbalanced and targeted nature of religious exemption legislation as it stands is arguably far removed from the intentions originally associated with religious liberty, as it does not appear to afford equally protective rights to people across belief systems and is utilized more often as license to discriminate selectively. In this form, religious exemption legislation and the actions and attitudes it inspires certainly present a prominent threat to the parenthood goals of gay men, who are often the recipients of such pointed, and potentially protected, acts of prejudice.

Ultimately, it remains evident that policies viewed as discriminatory by sexual minority people in a number of contexts undoubtedly have significant implications for the population's

health. Generally speaking, studies have notably linked policies viewed as discriminatory and the unwelcoming social climates in which they often exist to poorer self-rated health (Solazzo, Brown, & Gorman, 2018), greater prevalence of psychiatric disorders (Hatzenbuehler, McLaughlin, Keyes, & Hasin, 2010), and increased efforts to conceal one's sexual orientation (Brooks & Goldberg, 2001) among sexual minority populations. These laws also have further implications for federal and state costs, especially with respect to adoption and foster care. Deterring sexual minority individuals from pursuing adoption could ultimately cost the country an additional \$87 to \$130 million and cost individual states an additional \$100,000 to \$27 million in annual expenditures. Such expenses are primarily due to costs associated with relocating unfostered and unadopted children to institutional or group home care and the recruitment and training of new foster parents (Gates et al., 2007).

Conversely, in considering how policy can positively influence sexual minority well-being, one only need consider the impact of Florida's gay adoption ban repeal in 2010. One prominent study found that, as a result of the ban's lift, a sample of sexual minority parents reported "decreased anxiety" and "a powerful sense of relief and comfort" with respect to perceived stability of their family structures (Goldberg, Moyer, Weber, & Shapiro, 2013, p. 120). Consistent with the minority stress model, these findings ultimately highlight how perceived social support can positively impact sexual minority health in the face of longstanding adversity (Meyer, 2003), acting as a buffer against the negative impacts of longstanding stress and prejudice.

Fear as a Barrier to Parenthood Among Gay Men

While the distal stress experienced via interpersonal and systemic discrimination has well-documented impacts on gay men, consideration for internally sourced stressors associated

with the pursuit of fatherhood is also necessary. Internalized fear may be one potential proximal effect of regularly navigating hostile environments and unfavorable legal and political climates. Such fear can manifest in various ways with respect to gay fatherhood. For one, gay men may experience heightened fear in the adoption process because of inherent beliefs that their sexual minority identities may not be viewed favorably by agency or legal representatives (A. E. Goldberg et al., 2012; Kinkler & Goldberg, 2011). In such cases, this heightened state of anxiety could ostensibly make the adoption process more stressful for such men and could lead to actions that serve to further complicate the process and compound one's stress level, such as the attempt to lie about one's sexual orientation or hide a same-sex relationship in order to adopt (see Bauble & Compton, 2015).

Fear may also result with respect to the recognized legal status of sexual minority adoption, especially when the political climate is perceived to have changed. Such a fear of presently equitable laws being repealed or political environments growing unfavorable with respect to one's parenting status are certainly valid, particularly in the presently divisive political climate. This was uniquely exemplified in the wake of the 2016 presidential election—the results of which were viewed by many politically progressive individuals as potentially threatening to the state of sexual minority civil rights. One study of note supported this assertion through a 10-day daily-diary study conducted with an online sample of 276 gay and lesbian individuals (Garrison, Doane, & Elliott, 2018). Results revealed an immediate increase in sexual orientation concealment and anxiety in the days following the election, signaling an elevated sense of internalized fear associated at least in part with one's sexual minority identity and elected officials perceived to be unsupportive of sexual minority rights. Additional reports of sexual minority couples rushing to complete second-parent adoptions for non-biologically-related

partners after the 2016 election more specifically speaks to the resonant impact of fear related to perceived sociopolitical shifts for sexual minority parents (Hyde, 2017).

Beyond concerns related to the present state of the law and sociopolitical context, even fear of anticipated changes in the future with respect to these contexts can adversely affect gay men and contribute to stress. This is true even for men who have already successfully adopted children. Fears born of such anticipated challenges are often characterized by worries surrounding the possibility of a child's removal from a home due to prejudiced legal decisions in the future (A. E. Goldberg et al., 2012), the welfare of children should one parent die and legal parental recognition is not upheld for the surviving parent (Gash & Raiskin, 2018), and general fears surrounding the protection of the legal status of sexual minority parenting rights (Gash & Raiskin, 2018; Poggione, 2019; Solazzo et al., 2018). This notion supports the idea that discriminatory laws do not even have to officially be in place to have negative effects. Beyond fear that such policies may come to pass, even individuals' *perceptions* that discriminatory policies exist—whether they actually do or not—can also have a notable impact on their health, as one's interpretation of the law is often influenced by a number of personal experiences, sociocultural messages, and various other individual factors independent of the actual state of the law (Baumle & Compton, 2017).

Parenthood Decisions, Sociopolitical Stressors, and Involuntary Childlessness

The distal and proximal stressors associated with sexual minority family planning may ultimately contribute to discrepancies between gay men's desire and intention to have children, particularly via adoption. Men living in social climates that are known to be hostile to sexual minority people may find it particularly difficult to justify the risks inherent to adoption and could forego pursuing these means of family planning altogether as a result. A recent study of

1,098 diverse, childless gay and lesbian people living in the United States recently supported this assertion, finding that residing in communities that were supportive of sexual minority people was associated with some of the highest self-efficacy for overcoming barriers to parenthood (Riskind et al., 2013). Such work is particularly important for better understanding factors that may influence gay men's perspectives on fatherhood and family planning decisions. This is especially true because, despite the often heterosexist association made between gay men and childlessness, many men in this population desire and are actively electing to start planned families (Farr & Grotevant, 2019). Results from recent studies found that 19% of sexual minority men presently had a child (Gates, 2011), and that more than half of gay men desired to have children someday (Gates et al., 2007).

With respect to these findings, it is important to denote the differences between *desire* and *intention* with respect to future parenthood. Parenting desire refers to the degree to which one wants to have children someday, while parenting intention refers to the degree to which one actually plans to have children. While these constructs are often related to one another in research (such that one's level of parenting desire may often positively predict their level of parenting intention), there have often been findings in which individuals report low parenting intention, despite endorsing a strong desire to have children. For instance, while statistics have pointed to a clear desire for fatherhood among gay men, it is worth noting that, overall, sexual minority men are less likely to express the intention of becoming fathers than heterosexual men. Data from a nationally representative survey indicated that only 67% of gay men who expressed desire to have children also reported intention, compared to 90% of heterosexual men—despite still endorsing the value of parenthood just as strongly (Riskind & Patterson, 2010). Another noteworthy study highlighted similar patterns in parenting desire and intention across time,

comparing data gathered from 2002 to 2013-2015 (Jeffries, Marsiglio, Tunalilar, & Berkowitz, 2019). Analyses revealed that the proportion of sexual minority men who desire parenthood had not changed between the two time periods, although gay men reported the lowest likelihood of pursuing parenthood. While these data present a more recent and seemingly consistent picture of parenting desire and intention among gay men, further work is needed to examine how such trends have either been maintained or adjusted in the half-decade following same-sex marriage legalization.

Related research has added further complexity to this discussion, with one prominent study finding that fewer same-sex couples are raising children today than they were 20 years ago (Gates, 2015). Such findings further speak to clear discrepancies surrounding parenting practices across sexual minority and non-sexual-minority-identified individuals. Yet in seeking to explain these temporal differences, one might consider the marked, temporally situated changes within society over the past few decades. As the societal acceptance of sexual minority identities has increased in recent years, more individuals are coming out earlier in life (Goltz, 2014; Gross, 2007; Harper, Bruce, Serrano, & Jamil, 2009) and choosing to build more intentional same-sex-headed households over time. Conversely, in decades past, many gay men who had children often did so in the contexts of previous other-sex relationships before entering relationships with men (Farr & Grotevant, 2019). Additionally, younger people in modern society have been found to move much slower with respect to making decisions about parenthood, and even marriage (Fisher, 2019), which may partially explain the generally lower rates of parenthood among gay individuals at present. Taken together, these considerations provide a reasonable context for at least cohort-specific differences in the realm of parenthood.

In exploring differences in parenting desire and intention—both among gay men over time and across gay and heterosexual men in general—additional studies have highlighted a number of possible explanations for these discrepancies. An analysis of a large United States sample, for example, found that when controlling for sociocontextual (e.g., parental closeness, expected relationship permanence) and demographic variables, differences in parenting intention related to sexual orientation dissipated. Discrepancies in such variables across categories of sexual orientation likely account for this, as gay men notably reported lower expected relationship permanence and parental closeness compared to heterosexual men, which were found to be associated with greater likelihood of intended parenthood (Tate, Patterson, & Levy, 2019). These findings speak to the common relational difficulties that gay men tend to experience to greater degrees than heterosexual men.

Various other studies have also reported similar results, as factors related to social climate, availability of support, access to resources, and various environmental conditions also commonly contribute to parenting decisions among gay men (e.g., Gato, Santos, & Fontaine, 2017; Riskind, Patterson, & Nosek, 2013). These findings provide strong support for the influential role of various social and environmental factors on gay men's family planning decisions, which are contexts in which gay men are more likely to experience elevated stress compared to heterosexual men. It can further be argued that the notably divisive United States sociopolitical climate might also be presently exacerbating the amount of stress gay men are exposed to across social and environmental contexts, particularly with respect to such highly politicized issues as sexual minority parenting. To date, few published studies have sought to apply minority stress theory to parenting desire and intention among sexual minority individuals in this way, and those that have appear to be limited to populations in non-U.S. countries, such as

Italy (Amodeo et al., 2018; Scandurra et al., 2019). Further, much of the previous research examining environmental factors influencing gay men's family planning decisions in the United States has been limited to data gathered before the 2016 presidential election. As such, now is an opportune time to explore when and how proximal and distal sociopolitical and environmental factors—particularly those related to public policy—may contribute to discrepancies between parenting desire and intention for gay men.

Further exploration in this area of study is especially important given that pervasive stressors born of challenges in and associated with family planning can further promote discrepancies between parenting desire and intention, ultimately leading to involuntary childlessness. Defined as the desire to have a child but being unable to do so, involuntary childlessness has often been studied with respect to biological infertility and subfertility (e.g., R. C. H. Brown, Rogers, Entwistle, & Bhattacharya, 2016; Macaluso et al., 2010; Schwerdtfeger & Shreffler, 2009). With respect to men, involuntary childlessness has generally been linked to increased levels of social stigma surrounding infertility (Miall, 1994), sense of loss and depression (Hadley & Hanley, 2011), and diminished social status (Dyer, Abrahams, Mokoena, & van der Spuy, 2004), among other adverse outcomes.

Involuntary childlessness is also especially harmful to gay men by virtue of precluding them from reaping the myriad of benefits associated with fatherhood. Much research has supported the positive effects that tend to accompany the transition to parenthood for sexual minority men. Such identified benefits have included a greater sense of subjective well-being (Erez & Shenkman, 2016), stronger relationship commitment and greater coping in romantic relationships (Huebner, Mandic, Mackaronis, Beougher, & Hoff, 2012), and increased social support (Tornello & Patterson, 2015). With the already limited avenues to fatherhood available

to gay men, these findings underscore a great need to maintain open and equitable pathways to parenthood for this population for the sake of promoting psychological and social well-being.

Despite the breadth of research centered on involuntary childlessness and its related wellness outcomes, a very limited number of studies on the topic have focused on sexual minority populations. This is very likely due to the relatively nascent nature of this expanded conception of involuntary childlessness, which takes into account non-biological factors that may preclude gay men from having children despite a desire to do so. In response to the often limited scope of this concept, scholars such as Maxwell, Matthews, and Mulay (2018) and Zamora (2018) have recently proposed a re-framing of involuntary childlessness and infertility in research. These calls to action seek to expand the focus of involuntary childlessness research by more intentionally considering the lived experiences of sexual and gender minority hopeful parents, drawing attention to the sociopolitical influences that may contribute to childlessness within these populations.

To date, the few studies that have included childless sexual minority men have been limited primarily to explorations of parenting desire, intention, and barriers, often independent of one another and without explicitly naming involuntary childlessness as a construct of interest (e.g., Patterson & Riskind, 2010; Riskind et al., 2013; Riskind & Tornello, 2017). While many of these previously discussed studies provide insight into the social and environmental challenges that could ultimately contribute to states of involuntary childlessness among gay men seeking fatherhood, only one published study explicitly examining public policy's relation to parenting plans among sexual minority men has been identified. Though it did not explicitly measure involuntary childlessness, this study of 1,487 young, primarily White and gay sexual minority men examined the effect of statewide bans of same-sex marriage and adoption in the United

States on the relation between fatherhood aspirations and psychological well-being (Bauermeister, 2014). For men living in states without such discriminatory policies, fatherhood aspirations were associated with fewer symptoms of depression and higher self-esteem; conversely, for those living in states with discriminatory marriage and adoption policies in place, fatherhood aspirations were associated with greater depressive symptoms and lower self-esteem, respectively. These findings point to a clear relation between policies perceived as discriminatory and lower rates of well-being, notably for men who have a strong desire to become fathers. It could be posited that a perceived sense of involuntary childlessness—perhaps born of a perception that a gay man would be unable to start a family without facing marked legal and political difficulties—is the mediating factor in this relation, although the study did not explicitly identify subjective explanations for these relations.

In an effort to more explicitly explore the impact of state policies on involuntary childlessness among sexual minority people, a recently completed, as-yet published study by Parent and Arriaga (2019) examined a large sample ($n = 1,180$) of sexual minority women ranging in age from 18 to 71. Analyses revealed that one's fear of government intervention on parenthood status (e.g., fear that one day the government might remove children from the home of sexual minority individuals) moderated the relation between parenting desire and childlessness, such that women with higher fears of government intervention (i.e., proximal stress) reported higher levels of planned childlessness—even when they expressed a strong desire to have children. As the first study of its kind, this investigation provides promising evidence for the influence of prospective legislation perceived as discriminatory on involuntary childlessness among sexual minority individuals. A follow-up study employing the minority

stress framework among a sample of gay men hoping to become parents is indeed the logical next step in expanding this area of study.

Proposed Research Study

Statement of Purpose

Given the ongoing debates surrounding sexual minority civil rights in the United States and the role of adoption and foster care as a prominent family planning method among gay men, further work examining how fears related to anti-sexual-minority legislation may adversely affect gay men's family planning practices in the United States is necessary. The proposed study seeks to do just this, considering both distal (e.g., belief that discriminatory laws exists targeting gay parents) and proximal (e.g., fear of government intervention in one's parenting status) stressors associated with discriminatory policies. The study's targeted focus on gay men speaks to the markedly unique challenges faced within this population, notably as a result of the more limited family planning options available to this monosexual subset. In examining the effects of policies viewed as discriminatory on gay men's desire and intention to have children, I aim to uniquely apply the minority stress framework within a subset of gay men in a manner that has not yet been completed in any published study I have presently identified. As 11 states to date have passed religious exemption legislation that allows targeted discrimination in adoption and foster care settings (Allison, 2020; Movement Advancement Project & Family Equity Council, 2019) and similar, potentially discriminatory legislation is being proposed across the country, the present study is particularly timely.

In the proposed study, I will first examine the association between desire for children and planned childlessness. Second, I will examine the moderating role of distal stress related to parenting-focused discriminatory legislation on the relation between desire to become a parent and planned childlessness. Lastly, I will examine the moderating role of proximal stress related to parenting-focused discriminatory legislation on the relation between desire to become a parent

and planned childlessness. The results of the proposed study will uniquely contribute to both the minority stress and sexual minority parenting literature by illuminating the impact that perceived discriminatory legislation can potentially have on major life decisions made by gay men, examining a state's role in the wellness of its sexual minority constituents, and contributing to potential targets for advocacy and policy-based interventions with respect to social equity for sexual minority people.

Research Questions and Hypotheses

The following research questions and hypotheses will serve as a guide for the proposed study and analyses. The conceptual model for the proposed relations discussed in Research Questions 2 and 3 is represented in Figure 1.

- **Research Question 1:** To what extent is parenting desire associated with planned childlessness?
 - **Hypothesis 1:** I expect that parenting desire will be negatively and strongly associated with planned childlessness.
- **Research Questions 2:** Does distal stress (i.e., belief that discriminatory legislation associated with sexual minority parenthood status exists in one's state) moderate the relation between parenting desire and planned childlessness?
 - **Hypothesis 2:** I expect that distal stress will further moderate the relationship between parenting desire and planned childlessness, such that among those who perceive discriminatory legislation to be present in one's state, planned childlessness would remain high even for those who report high levels of parenting desire (i.e., a greater degree of potential involuntary childlessness).

- **Research Questions 3:** Does proximal stress (i.e., internalized fear of government intervention in sexual minority parenthood status) moderate the relation between parenting desire and planned childlessness?
 - **Hypothesis 3:** I expect that proximal stress will moderate the relationship between parenting desire and planned childlessness, such that among those with greater fear of government intervention in parenthood status, planned childlessness would remain high even for those who report high levels of parenting desire (i.e., a greater degree of potential involuntary childlessness).

Method

Participants

The target population for my study includes presently childless gay men from across the United States. Men who qualify to participate will: 1) be between 18-65 years of age; 2) currently live in the United States; 3) identify as cisgender; 4) identify as gay; 5) be childless; and 6) be able to communicate fluently in English.

As my target sample will reside across the United States, attempts at random in-person sampling are not feasible. Instead, I will utilize an online-based convenience sampling approach. I will recruit participants via Prolific.co (hereafter referred to as Prolific), a subject pool for online experiments that has gained traction recently with respect to academic research studies. Prolific has been likened to Amazon's Mechanical Turk (MTurk) interface (Palan & Schitter, 2018), a digital marketplace in which individuals make job requests and users elect to complete these requests for compensation (Ipeirotis, 2010). While MTurk has been found to produce quality data (Paolacci, Chandler, & Ipeirotis, 2010) across diverse samples (Buhrmester, Kwang, & Gosling, 2011), Prolific improves upon its general model by implementing improved pre-screening processes that require participants to provide detailed background information independent of specific study qualification requirements upon registering for an account and at various intervals thereafter. Thus, one may be asked questions about their gender, sexual orientation, or state of residence without any particular incentive to be dishonest about this information, such as the prospect of being admitted to a paid study based on specific demographic responses. The studies for which participants qualify to participate based on these responses are then directly revealed to them as the recruitment process begins. Given the variable nature of political climates, state-level legislation, and makeup of the general United States

population, utilizing a platform such as Prolific will allow me to cast a wider net with respect to this typically harder-to-reach population of interest.

An a priori power analysis (discussed in further detail below with respect to the data analysis plan) indicated a minimum target sample size of $n = 92$ to detect a medium effect for the proposed study. In an effort to aim for more generalizable results in line with similar studies in the literature, I will aim to recruit a diverse sample of $n = 300$ participants.

Measures

Screening process. Participants will be screened on Prolific based on desired baseline demographic characteristics established in advance. Only those who qualify via this process will be able to access the study. As Prolific may not be able to screen for current childlessness, an additional screening question will be presented to verify whether or not a participant has children.

Demographics questionnaire. Beyond the personal data captured by Prolific's user registration process, an additional demographics questionnaire created for this study will be used to verify participants' age, state of residence, race/ethnicity, sexual orientation, partner gender (if applicable), and estimated socioeconomic status (SES) calculated using a 101-point scale measure of subjective SES (0-100, with 100 being highest standing in one's community).

Parenting desire. Desire to become a parent will be assessed with a single item ("How much do you want to become a parent in the future?"), which was adapted from past items used in similar studies (e.g., Bos, Van Balen, & Van Den Boom, 2003; Parent & Arriaga, 2019). A five-point response scale will be used (1 = *I don't want to be a parent at all*, 5 = *I want to be a parent more than anything*). This and similar items have exhibited good convergent validity with

positive attitudes towards parenting (Kranz, Busch, & Niepel, 2018) and parenting motivations (Bos et al., 2003).

Distal stress. Distal stress will be assessed using a set of items reflecting the participant's belief of the existence of anti-sexual-minority legislation. In the absence of any such measure, three items were developed for the present study: 1) "In my state, an adoption or foster care agency can legally refuse to allow same-gender couples to adopt or foster children on the basis of religious, moral, or other personal beliefs."; 2) "In my state, a government official or representative can legally remove children from the home of same-gender couples on the basis of religious, moral, or other personal beliefs."; and 3) "At this point in time, the law forbids same-sex couples having children." Responses will be made on a five-point response scale indicating the level of belief in the above statements, where 1 = *Do not believe this at all* and 5 = *Completely believe this*. Mean scores will be calculated from the three items, with higher scores indicating greater distal stress. Following data collection, available item analysis will be used to calculate internal consistency reliability for these items.

Proximal stress. Proximal stress will be assessed using a set of items specifically reflecting fear of government intervention in legal sexual-minority parenthood status. These items were previously adapted for a similar study (Parent & Arriaga, 2019), and include the following items: 1) "Any day, the government could change laws to stop same-gender couples from having children"; 2) "Any day, the government could decide that same-gender couples aren't allowed to have children"; and 3) "Any day, the government could try to take away same-gender couples' children." Responses will be made on a five-point response scale indicating the level of belief in the above statements, where 1 = *Do not believe this at all* and 5 = *Completely believe this*. Mean scores will be calculated from the three items, with higher scores indicating

greater proximal stress. Available item analysis in a previous sample of 1180 sexual minority women (45% White, 95% cisgender) revealed a Cronbach's alpha reliability coefficient of .67, indicating adequate internal consistency reliability across these items.

Planned childlessness. Planned childlessness will be assessed using a single item ("My plan for my future does not include having children by any means"), previously used in the aforementioned study conducted by Parent and Arriaga (2019). Responses will be made on a 5-point scale, where 1 = *Not at all characteristic of me* and 5 = *Completely characteristic of me*. This item has previously exhibited good convergent validity with a measure of parenting desire (Parent & Arriaga, 2019).

Procedure

Institutional review board (IRB) approval will be obtained prior to data collection from my institution. Upon receipt of this approval, a study posting targeting a diverse sample of gay men across the United States will be created on Prolific. Those who are eligible will be provided access to the study survey, which consists of an electronic informed consent form and the study measures. In an effort to adhere to the utmost in ethical research standards, all participant information will be deidentified via the use of participant alphanumerical IDs and stored on secure, encrypted servers. As is consistent with informed consent protocol, participants will also be informed of any potential emotional risks related to providing personal information surrounding family planning desires and experiences of discrimination prior to engaging in the study and will be allowed to withdraw their consent at any point in time. The survey will also include a list of mental health help line resources in the case that participants experience distress related to the survey items' contents. Responses from participants who do not respond to items in a consistently attentive manner will be excluded from analyses. Those who complete the study

will receive compensation, which will be established prior to IRB approval. Compensation will be in adherence with Prolific's minimum compensation requirements, which presently states that participants should receive an estimated \$0.11 USD per minute it takes to complete a study (Palan & Schitter, 2018). Compensation will be paid automatically via Prolific upon completion of the study.

Data Analysis Plan

Power analysis. An a priori power analysis using G*Power (Erdfelder, Faul, Buchner, & Lang, 2009) was conducted to determine the appropriate target sample size for the study. Power analysis specifications were set for a linear multiple regression (fixed model, R^2 deviation from zero). In line with statistical convention, the study's power was set to .80 and alpha was set to .05 (Cohen, 1988; Miles & Shelvin, 2001). The number of total predictors was set to five to account for the predictor variable, the two moderator variables, and the two interaction terms. The target minimum detectable effect size (MDES) was set to .15 (a medium effect). Analysis results returned a target sample size of $n = 92$.

Under the aforementioned power analysis specifications for a linear multiple regression, it is evident that the specified sample size may potentially result in the general variance explained by the entire model masking the unique variance explained by the interactions, which are more prominently of interest in the present study. As such, a secondary power analysis was conducted to verify whether the most appropriate, conservative sample size estimates were being identified in order to detect meaningful effects. In this analysis, specifications were set for a linear multiple regression (fixed model, R^2 increase), which is meant to establish a sample size that would better identify the increase in explained variance due uniquely to the interaction terms. The study's power was again set to .80, alpha was set to .05, and the MDES was set to

.15. The number of tested predictors was set to two (number of moderators), and the total number of predictors was again set to five. This analysis returned a target sample size of $n = 68$, a more liberal estimate of sample size by comparison for the desired MDES.

In comparing these results, it is evident that power is not the primary concern for the present study. With this in mind, I have sought to aim for a more conservative sample size that is representative in its diversity with respect to the U.S. population of gay men and more in line with standard conventions for studies of this nature. As such, the target sample size for this study is $n = 300$.

Preliminary analysis. I will utilize SPSS to conduct all analyses of study data. I will first calculate bivariate correlations for all scale means and demographic items (dummy coded where applicable), as well as descriptive statistics for the total sample. This analysis will be used to provide a clear illustration of the characteristics of my sample of SM men for exploratory purposes. Research Question 1 will be addressed by analyzing the bivariate correlation calculated between parenting desire and planned childlessness.

Primary analysis. To address Research Questions 2 and 3, I will conduct a moderated multiple regression analysis to examine a model with one predictor (parenting desire), two moderators (proximal and distal stress), and one outcome variable (planned childlessness). Moderation analyses will be conducted using the PROCESS Macro (version 3; Hayes & Little, 2018) in SPSS.

Anticipated Outcomes

With respect to Research Question 1, I expect that parenting desire and planned childlessness will be moderately and negatively correlated with one another.

For Research Question 2, I expect that distal stress will further moderate the relation between parenting desire and planned childlessness, such that among those who perceive discriminatory legislation to be present in one's state, planned childlessness would remain high even for those who report high levels of parenting desire (i.e., a greater degree of potential involuntary childlessness). Predicted interaction simple slopes for these expected results are presented in Figure 2.

Lastly, regarding Research Question 3, I similarly expect that proximal stress with moderate the relation between parenting desire and planned childlessness, such that among men with higher levels of fear of government intervention in parenthood status, planned childlessness would remain high even for those who report high levels of parenting desire. Predicted interaction simple slopes for these expected results are presented in Figure 3.

Discussion

Summary

The proposed study is positioned to shed light on a timely, yet infrequently examined topic with respect to the well-being of gay men and their prospective families. Additionally, I believe my study's method of examining stressors more accurately capture how the subjective experiences of United States citizens living in our present political climate may significantly affect their life decisions—even if such individuals are not always be aware of the actual legal status of sexual minority rights at a given point in time. As there are so few studies that have examined real-time threats to sexual minority parenthood and wellness in this way, and even fewer that have examined the greater effects of anti-sexual-minority legislation framed through religious exemptions, the present is an opportune time to see a study like this through.

The minority stress and sexual minority parenting literature certainly stands to grow in meaningful ways should the proposed study move forward. Should Hypothesis 1 be confirmed, previous findings on parenting desire and intention among gay men in the United States (Jeffries et al., 2019; Riskind & Patterson, 2010; Tate et al., 2019) would be directly supported among a more recent sample of gay men, post-*Obergefell*. Findings in either direction would further provide additional context for how things have or have not changed since the legalization of same-sex marriage in 2015. Additional confirmation of Hypotheses 3 and 4 would also provide strong support for the relation between gay men's perceptions of and reactions to the law and how these factors may affect crucial life decisions. Such findings would also produce strong evidence for the application of the minority stress model to sexual minority parenting—a novel adaptation of this seminal theory with only limited supportive data among United States populations at this point in time.

Implications

Beyond expanding the literature, this study has profound implications for individuals and broader communities alike. For one, it could serve to provide valuable information with respect to the United States child welfare system. As sexual minority people have long been found to be significant assets in adoption and foster care processes—especially with respect to minority-identified and at-risk children—it is important that lawmakers are aware of how various policies may deter such individuals from pursuing family planning. The results of this study may also be used to inform clinical interventions with respect to the wellness of sexual minority people who hope to become parents, but who fear the processes involved in doing so. Informed counseling services of this nature may serve to combat the disinclination to build families within this population and also avert further harm by preventing involuntary childlessness.

Further, this area of study is positioned to promote targeted advocacy efforts and public policy reform, especially if the proposed findings surface as hypothesized. As religious exemption legislation continues to be used across the country as a justification for very targeted discrimination across numerous settings, more information on the far-reaching effects of such legislation is crucial in making decisions on whether such laws are ethical and equitable in their present iterations. Lastly, this study could provide education to the public on how systemic factors can disproportionately and differentially impact marginalized communities in striking ways. In building a clearer understanding of the ways in which our everyday federal, state, and local systems may be broken or how injustices might be presently upheld by our very government, United States Americans would be better positioned hold public representatives and political leaders accountable for the well-being of *all* of the country's citizens.

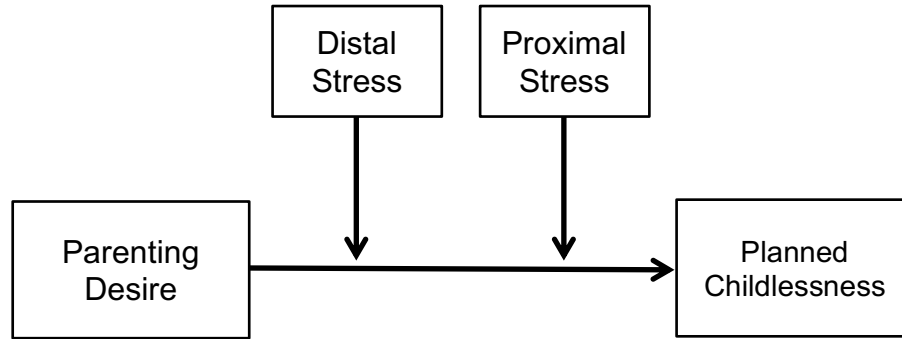


Figure 1. Conceptual model for relation between parenting desire and parenting intention as is moderated by proximal and distal stress.

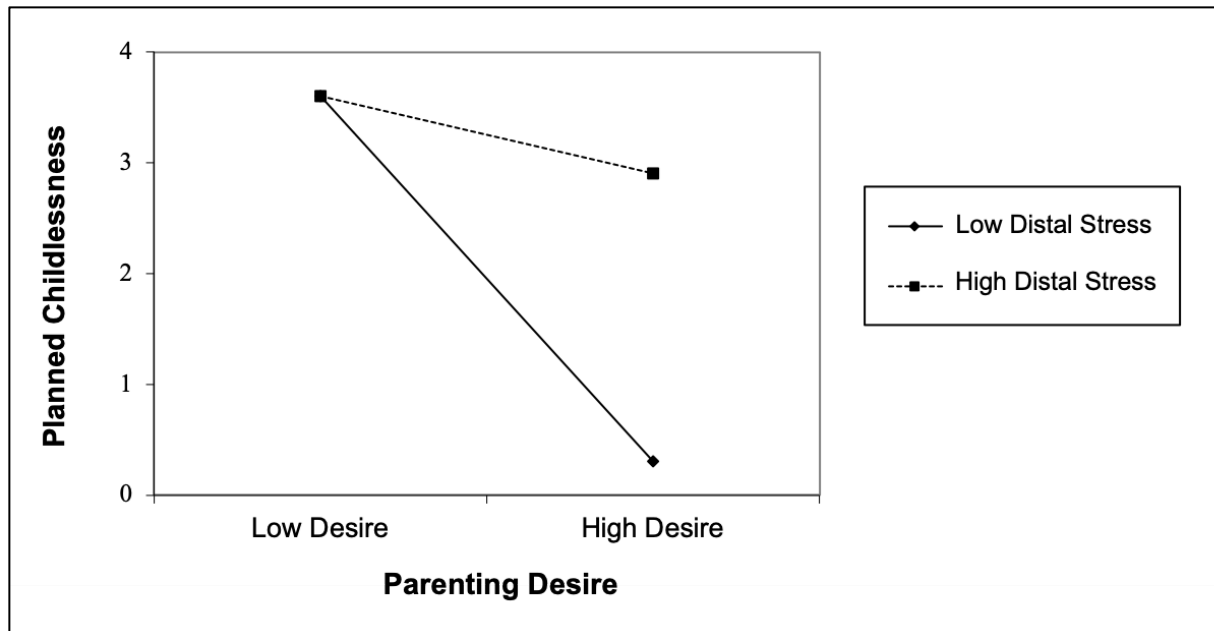


Figure 2. Visualization of expected interaction between desire for children and distal stress in predicting planned childlessness. Higher measures of planned childlessness indicate lower intention to have children.

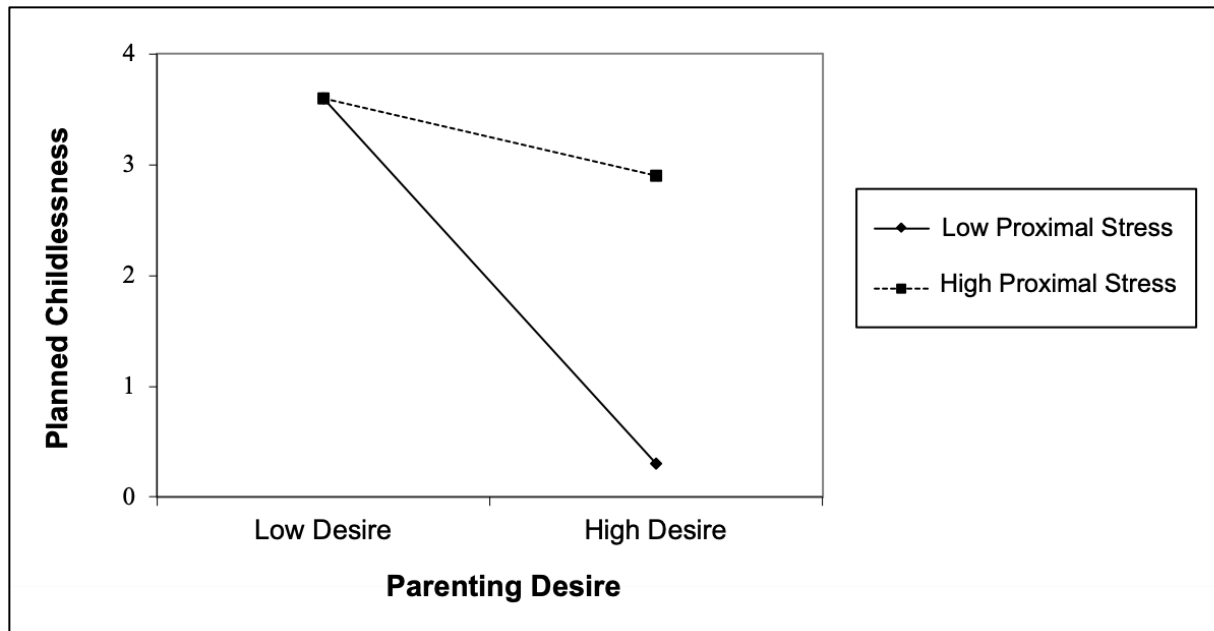


Figure 3. Visualization of expected interaction between desire for children and proximal stress in predicting planned childlessness. Higher measures of planned childlessness indicate lower intention to have children.

Appendices

Appendix A – Demographics Items

Please respond to the following items related to your personal background.

1. **How old are you?** (open response box - numerical)
2. **In what state do you currently live?** (open response box)
3. **Which of the following best describes your race/ethnicity? You may check more than one box, or write in the text boxes if you would like to be more specific.** (text boxes with all options)
American Indian or Alaska Native
Asian or Asian American
Black or African American
Hispanic or Latino
Native Hawaiian or Other Pacific Islander
White
Other
4. **Regarding sexual orientation, how do you *presently* identify?**
(open response box)
5. **If you are in a relationship, what is the gender of your partner(s)? Cisgender refers to individuals whose sex assigned at birth corresponds to their gender identity (e.g., person whose sex assigned at birth is male and who identifies as a man). Please choose all that apply.**
Cisgender man
Cisgender woman
Transgender man
Transgender woman
Nonbinary
A different identity (please specify): (blank)
Not in a relationship
6. **Think of this scale as representing where people stand in the United States. At the far right of the scale (score of 100) are the people who have the most money, the best education, and the most respected jobs. At the far left (score of 0) are the people who have the least money, the least education, and the least respected jobs. Thinking of your income, education, and work compared to others in the country, please use the slider to select where you think you would fall on a scale of 0-100.**
(slider response option on scale of 0-100)

Appendix B – Parenting Desire Item

Please respond to the following item related to parenting desire.

1. How much do you want to become a parent in the future?

Response scale*:

1 = I do not want to be a parent at all.

5 = I want to be a parent more than anything.

**Responses presented as a 5-point horizontal scale with 1 at far left and 5 at far right.*

Appendix C – Distal Stress Items

Please rate your level of believe in the following statements about policies and laws. Think only about the state where you *currently* live.

1. **In my state, an adoption or foster care agency can legally refuse to allow same-gender couples to adopt or foster children on the basis of religious, moral, or other personal beliefs.**
2. **In my state, a government official or representative can legally remove children from the home of same-gender couples on the basis of religious, moral, or other personal beliefs.**
3. **At this point in time, the law forbids same-sex couples having children.**

Response scale*:

1 = Do not believe this at all

5 = Completely believe this

**Responses presented as a 5-point horizontal scale with “Do not believe this at all” at the far left and “Completely believe this” at the far right.*

Appendix D – Proximal Stress Items

Please rate your level of belief in the following statements related to the government and same-gender parenting.

- 1. Any day, the government could change laws to stop same-gender couples from having children.**
- 2. Any day, the government could decide that same-gender couples aren't allowed to have children.**
- 3. Any day, the government could try to take away same-gender couples' children.**

Response scale*:

1 = Do not believe this at all

5 = Completely believe this

**Responses presented as a 5-point horizontal scale with “Do not believe this at all” at the far left and “Completely believe this” at the far right.*

Appendix E – Planned Childlessness Item

Please rate how well the following item represents your plans to have children.

1. My plan for my future does not include having children by any means

Response scale*:

1 = Not at all characteristic of me

5 = Completely characteristic of me

**Responses presented as a 5-point horizontal scale with 1 at far left and 5 at far right.*

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